MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048814
STATE FILE NUMBER

Registration District No. 241 Primary Registration District No. 5829 Registrar's No.

DO NOT WRITE ON THIS STUB — AMENDED

FILED JAN 2 1964

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DOCUMENT

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Howardville Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Miss. b. COUNTY Mongomery
c. CITY OR TOWN Winonia
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 110 Brown St
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ozzie Middle Lee Last Woods
4. DATE OF DEATH Month 7 Day 8 Year 63
5. SEX F
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH
9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Winonia Miss.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME Mary Ford
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of serv No
16. SOCIAL SECURITY NO.
17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot in Head With 22 Rifle
20c. TIME OF INJURY Hour 8:00 p.m. Month, Day, Year 7-8-63
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE Howardville, New Madrid, Mo.

21. I attended the deceased from ____ and last saw her/him alive on ____
Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leo Hedgepeth Coroner
22b. ADDRESS New Madrid, Mo.
22c. DATE SIGNED 7-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY Hazel Green
23d. LOCATION (City, town, or county) (State) Winonia, Mongomery Miss

24. FUNERAL DIRECTOR ADDRESS Lee Funeral Home, Winonia, Miss
25. DATE RECD. BY LOCAL REG. 1/2/64
26. REGISTRAR'S SIGNATURE Hunter Lewis M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.